

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 / 1835

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Mr. Eric J. Ortiz-Colon Mailing Address 8020 State Highway 55 City Rockford State MN Zip Code 55373-9407 FEC ID number of contributing federal political committee. C Name of Employer Eagle Land Surveying Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: IE071003.0010046 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		0	3		2	0	0	7																								
300.00																																	
B. Full Name (Last, First, Middle Initial) Mr. Donald B. McCaskill Mailing Address 2205 Cooke Country Club Estats City Wichita Falls State TX Zip Code 76308 FEC ID number of contributing federal political committee. C Name of Employer McCaskill Health Care LLC Occupation INFO REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: IE071003.0010048 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7	500.00									
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1	0		0	3		2	0	0	7																								
500.00																																	
C. Full Name (Last, First, Middle Initial) Mrs. Josephine Geraci Mailing Address PO Box 200 City Huntington State NY Zip Code 11743-0200 FEC ID number of contributing federal political committee. C Name of Employer My Mom Knows Best Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: IE071003.0010049 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		0	3		2	0	0	7																								
300.00																																	

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)